

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37163
Registrar's No. 4722

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4722</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3 <u>11</u> 8 <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>923 Penn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) <u>May</u> c. (Last) <u>CARGILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 6 49</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9/30/1885</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jess D. Correll</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Correll</u>		14. NAME OF HUSBAND OR WIFE <u>David C. Cargill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ada Elliott 923 Penn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac & Respiratory failure</u> ANTECEDENT CAUSES (c) <u>Myocardial degeneration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypostatic</u> DUE TO (c) <u>Bronchial pneumonia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>422</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>Nov 6</u> , 19 <u>49</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>Nov 6</u> , 19 <u>49</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A. L. Antry</u> (Degree or title)			23b. ADDRESS <u>D.O. 2 390 1/2 Indiana</u>			23c. DATE SIGNED <u>11/7/49</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>11/8/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sand Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>near Elvada Springs, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Skell Funeral Home N.C. Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

aut;
7461 2. b. lines

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John P. Sheil

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address H. C. S. Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.